

# BANKRUPTCY BUDGET FORM

Matter No: _____		Matter Caption: _____	
Institution No: _____ <input type="checkbox"/> Bank <input type="checkbox"/> Thrift		Firm Name: _____	
<b>PART I: BANKRUPTCY BUDGET INFORMATION</b>			
Attorneys' fees: <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Fixed Fee (\$ _____) <input type="checkbox"/> TOA Fee (\$ _____) <input type="checkbox"/> Contingent Fee (_____% of \$ _____)		<b>ESTIMATED RECOVERY VALUE: \$</b> _____	
<b>BUDGET PHASE</b>	<b>FEES</b>	<b>EXPENSES</b>	<b>TOTAL</b>
Phase I: <u>Investigation and Initial Pleadings</u> Legal fees and expenses to be incurred from the date of filing of debtor's petition to the first meeting of creditors.			
Estimated Hours For Completion _____			
<b>ESTIMATED COMPLETION DATE (MM/DD/YY):</b> ____/____/____			
Phase II: <u>Pre-Confirmation/Discharge Pleadings, Motions &amp; Discovery</u> Legal fees and expenses to be incurred from the date the proof of claim is filed to the date debtor is discharged or debtor's plan of reorganization is confirmed.			
Estimated Hours For Completion _____			
<b>ESTIMATED COMPLETION DATE (MM/DD/YY):</b> ____/____/____			
Phase III: <u>Post-Confirmation/Post Discharge/Fixed Fee and/or Fees under \$5,000</u> Legal fees and expenses to be incurred from the date debtor is discharged or debtor's plan is confirmed, but excluding any appellate actions, foreclosures, or other non-bankruptcy matters.			
Estimated Hours For Completion _____			
<b>ESTIMATED COMPLETION DATE (MM/DD/YY):</b> ____/____/____			
<b>GRAND TOTAL OF ALL BANKRUPTCY PHASES*</b>			
<p><i>A Budget Worksheet must also be completed prior to budget approval(1) If the GRAND TOTAL for all Phases exceeds \$25,000, or (2) if directed by an FDIC Attorney.</i></p> <p><i>*When Adversary Proceedings are required, a separate Legal Matter record must be created, and the budget information for that proceeding must be reported on LITIGATION/PLS/ADVERSARY BUDGET INFORMATION (Part I).</i></p>			
<b>PART II: LAW FIRM BUDGET ACKNOWLEDGMENT</b>			
I acknowledge that the budget information contained herein is correct to the best of my knowledge and written approval of the Legal Division is required for any increase in the total budget amount.			
Authorized Law Firm Signature: _____			Date: ____/____/____
Print/Type Name and Title of Above: _____			
Telephone: (    ) _____		FAX: (    ) _____	

Matter No:	Matter Caption:		
Institution No:		Firm Name:	
	FEES	EXPENSES	TOTAL
GRAND TOTAL OF ALL BANKRUPTCY PHASES*			
PART III: BUDGET AUTHORIZATION FOR OUTSIDE COUNSEL TO PROCEED			
FDIC Legal Division Approval			
FDIC Attorney (recommending approval of budget):		Date Budget Approved: __/__/__	
Signature of Delegated Authority:		Date Budget Approved: __/__/__	